



Kansas Department of Health and Environment

Long Term Care Program

FACT SHEET II

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Fact Sheet II is published by the Kansas Department of Health and Environment and sent to all assisted living, residential health care, adult day care and home plus facilities. This newsletter provides important up-to-date information concerning the health care industry.

Glucose Testing

Any licensed health care facility which conducts laboratory testing on residents must comply with the Federal Laboratory Improvement Act. Testing residents' blood glucose level with a glucometer falls within the purview of the law. All assisted living, residential health care, home plus and adult day care centers which perform glucose testing must apply for a CLIA waiver to be in compliance with Federal law. Assisted living and residential health care facilities located within a nursing facility are not required to obtain a separate waiver from the nursing facility.

To apply for a CLIA waiver, contact the KDHE Office of Laboratory Improvement at 785-296-3811 and ask for Ms. Farr. Ms. Farr will mail an application packet to the facility. The packet is to be returned to KDHE. After processing, the application will be sent to the Health Care Financing Administration. The Health Care Finance Administration (HCFA) will bill the facility for the waiver fee. The fee must be sent directly to HCFA.

It is essential that all health care facilities ensure that staff who perform glucose testing are competent. Employee competency should be recorded in the employee's personnel file. If during survey, it is found that the facility does not have a CLIA waiver or that persons performing the test do not appear to be competent, a referral will be made to the surveyor to the Laboratory Improvement Office.

Disposition of Controlled Drugs

The regulations for Assisted Living/Residential Health Care Facilities (KAR-39-247(F)(5), Home Plus (KAR 28-39-282(f)(5) and Adult Day Care (KAR 28-39-282(f)(5) state that "the facility shall ensure that there are records maintained and disposition of all controlled substances managed by the facility...". The Board of Pharmacy was contacted for guidance on the destruction of controlled substances when a resident is discharged or dies. It is recommended that when a controlled substance prescribed for an individual resident is in need of destruction that two licensed health care professionals witness that destruction. The appropriate personnel would be licensed nurses and/or a pharmacist. Both witnesses should sign a form indicating that the drugs were destroyed. It is permissible to flush the drug down a toilet.

Medication Aides Administering PRN Medications

Administration of PRN medications is included in the medication aide curriculum. Therefore, medication aides may administer PRN medications without consulting a nurse if the physician has written the specific circumstances for administration of the drug. If an assessment is required before a drug is administered, a licensed nurse must

contacted. The licensed nurse must make a clinical judgement as to whether the drug can be administered medication aide or the nurse needs to perform an on-site assessment. If the nurse determines that an on-site assessment is not warranted, the nurse must document in the resident's record the rationale for that decision. Medication aides must document in the resident's clinical record all contacts with the supervising licensed nurse.

Examples of medication orders which do not require assessment by a licensed nurse include the following:

Resident is complaining of lack of BM for three days.

Physician order: MOM 30 cc PRN for constipation.

Health Care Services Plan: Give MOM 30 cc when resident has not had a BM for 3 days.

Resident complains of headache.

Physician order: Tylenol 650 mgm every 6 hours for headache

Health Services Plan: (physician order is detailed enough that directions by a nurse would not be required)

An example of an order which would require assessment by a licensed nurse.

Resident upset after visit with sister. Yelling at other residents.

Physician order: Haldol 1 mgm PRN agitation

Health Services Plan: When resident begins to pace and talk loudly, attempt to redirect.

Walk with resident, talk slowly and quietly. Gradually slow walking rate. If this does not work, ask resident if they would like to go to own room and talk about what is upsetting him. If behavior continues, call supervising nurse for further directions.

The medication aide should record the events which preceded the call to the nurse and record the directions given by the licensed nurse. The licensed nurse will need to decide whether an on site assessment is warranted or can give verbal directions based on the information provided by the medication aide. The nurse must document the phone call and the directions given to the medication aide on the resident's record.

Semi-Annual Report and Statistical Report

Enclosed with this Fact Sheet is the Long Term Care Semi-Annual Report for the 6 month reporting period ending through December 31, 1999. THE DEADLINE FOR FILING THIS REPORT IS JANUARY 21, 2000. This report is filed with the Bureau of Health Facility Regulation, Kansas Department of Health and Environment. All **NURSING FACILITIES, ASSISTED LIVING FACILITIES, RESIDENTIAL HEALTH CARE FACILITIES, NURSING FACILITIES FOR MENTAL HEALTH, and INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED** are required to complete this report by indicating resident and employee data for the six month period July 1- December 31, 1999. Also enclosed is the Resident Statistical Report, reporting period ending December 31, 1999.

Refer questions regarding either of these forms to Patricia Maben, Director, Long Term Care Program, (785) 344-2222.

Credentialing Update -

CBC Update

Since the beginning of the Criminal Background Check Program on July 1, 1998, 54,703 criminal background requests have been processed. Certified Nurse Aides account for 32% of all requests, followed by food service workers at 18%, housekeeping staff at 12%, wellness staff at 8.3%, and Certified Medication Aides at 5.8%. As of July 1, 1998, the number of individuals identified with arrest or conviction information is 10,579, for an overall percentage of 19%.

A total of 247 "Notices of Employment Prohibition" has been issued since the law went into effect. Convicted aggravated assault and aggravated battery account for 26% of the offenses committed by those individuals been prohibited, followed by sexual battery at 10%, aggravated robbery at 9% and indecent liberties with a 8%.

One of the benefits of the ACTION computer data management system is its report generating capability. A date of January 1, 2000 is set for the Criminal Background Check Program to begin issuing a report which will list those individuals who have been processed for a criminal background check during the reporting period. This report is expected to be issued on a quarterly basis and will list those individuals processed during the three-month period. The results of the inquiry are not included on the report. If an individual is found to have a prohibited criminal conviction, a separate "Notice of Employment Prohibition" is sent directly to the administrator of the facility that submitted an inquiry on that individual. General program questions may be directed to Anna Houshold at (785) 296-0446; requests for forms may be directed to Sarita Everett at (785) 296-6958.

Adult Care Home Administrator Regulations Update

Proposed revisions to the licensing regulations for adult care home administrators are progressing through administrative review. The proposed regulations have been approved by the Board of Adult Care Home Administrators and reviewed by KDHE staff and the Secretary. The Department of Administration is currently processing the regulations. A notice will be printed in the Kansas Register when a date is set for a public hearing. It is anticipated the public hearing will be held late spring 2000, with adoption of the regulations in the summer.

Certified Medication Aide Curriculum Update

Revision of the certified medication aide curriculum began December 1, 1999. Eight committee members representing three healthcare associations and three educational institutions drafted a list of the competencies required for entry level as a certified medication aide. The list of competencies, which includes activities, knowledge, and skills, will be used to develop a blueprint for a new curriculum and tests. The target date for completion of the new curriculum and tests is November 2000.

Kansas Nurse Aide Registry

On November 29, 1999, the Kansas Nurse Aide Registry (KNAR) was upgraded to implement a new data management system called "ACTION." The KNAR was prepared to meet the millennium by offering faster response time, improved compliance, and centralized inquiry for training, certification, employment eligibility status, findings of abuse, and prohibitions based on federal or state criminal convictions. The major benefit is that the call intake process has been shortened, which enables the operator to take more calls on a daily basis. KNAR phone number: (785) 296-6958.

New Style Pocket Credential Cards

Beginning in December 1999, a new style credential card will be issued to Adult Care Home Administrators, Speech-Language Pathologists, and Audiologists as well as certified nurse aides, medication aides, and home health aides. The cards are wallet-sized. The major difference is that the color of the cards is the same for all credential types. The type of credential is printed in large bold letters delineating the type of credential. Licensed health occupations (administrators, dietitians, speech-language pathologists, audiologists) are printed in **blue** ink and CNAs, CMAs, HHAs are printed in **red** ink.

Certification Course Information & Reminders

New forms: Some facilities are submitting out-dated forms. Please contact our office to make sure you have the newest forms (for example: instructor roster, identification form, record search, allied, and interstate application skills competency checklist for employment verification). You may check the HOC web site for many of the forms at: www.kdhe.state.ks.us/hoc.

If a student/aide trainee did not finish the course, please notify HOC **immediately**. Allowing students who have successfully completed the course and related skills competency is in conflict with Kansas and federal regulations. This can be done by phone at (785) 296-1250, fax at (785) 296-3075 or e-mail (bguffey@kdhe.state.ks.us).

Proctor Needed: HOC is seeking an individual to serve as proctor to the CNA and HHA test administration in the area. The person may NOT be affiliated with any portion of the course delivery. Contact Betty at (785) 206-1

Instructors of certification courses must assure that complete addresses are documented. If an incomplete address on a roster, it slows down the process for everyone on that roster. Do **not** put social security numbers on the roster. The **identification number** is a number assigned by HOC.

CMA Update Process Change - Instructors Take Note!

With the advent of the ACTION system, HOC is changing the method of submitting continuing education rosters and fees for updating CMA certification. Currently, instructors send rosters of those who have completed the course to HOC. HOC updates the individual's record, indicating completion of required continuing education. About one month before the expiration date of the individual's certificate, a notice is mailed along with an application form for fee payment. Once the application and fee are returned, a new certificate is issued.

The **new** method, which will become effective January 1, 2000, requires that roster and fee payment be sent at the same time. This will reduce the number of returned notices. Upon receipt of the roster with the fees from each participant, the individuals' records are updated to reflect the fee payment and continuing education credit. If an individual's certificate has already expired, a new certificate will be generated and mailed immediately. Other than about one week prior to the individual's certificate expiration date, a new certificate will be printed and mailed.

Initial KDHE Certificate for Certified Medication Aides

Beginning January 3, 2000, HOC will issue an initial KDHE certificate to individuals upon completion of the CMA course and verification by HOC that they have successfully completed the course and state test.

Wallet certificates will be mailed to the schools with the rosters upon verification by HOC. It will be the school's responsibility to distribute the certificates to successful candidates.

The KDHE certificate will be considered the official certificate for all medication aides who become certified on or after January 3, 2000. Medication aides who were certified prior to January 3, 2000 and have only a school-issued certificate may request a KDHE wallet certificate as an open records document for a fee of \$10.

There will be a two-year period of transition for this new process. Questions may be directed to Betty Domey at (785) 296-1250 or e-mail bguffey@kdhe.state.ks.us.

Shigellosis and Complobacter

Since October, eight cases of Shigellosis have been confirmed in one county in Kansas. None of the cases occurred in a long term care facility. Both of these bacteria can cause serious or fatal diseases for the elderly. Please read the following information.

- Transmission occurs by the fecal-oral route, usually through contaminated hands transmitting bacteria to food or water.
- Unlike salmonella, which takes hundreds of microbes to spread disease, it only takes 10 microorganisms to spread Shigellosis.

- The incubation period ranges from 12 to 96 hours but may be as long as a week.
- Symptoms include diarrhea, fever, nausea, vomiting and abdominal cramps. Illness lasts four to seven days, but occasionally longer.
- Proper handwashing is the best prevention of Shigellosis. (Antibacterial soap is not needed to properly wash hands.)

Campylobacter has only been known to cause illness in humans since the 1970's. Now, it is the number one bacterial foodborne illness - causing illness in 2.5 million people yearly. Also, the bacteria is a major factor in Guillain-Barre syndrome.

- As many as 88 percent of poultry at the retail level test positive for Campylobacter. One drop of uncooked poultry "juice" is enough to cause illness.
- Incubation period is usually 2-5 days.
- Symptoms include diarrhea, perhaps with occult blood, fever, abdominal pain, nausea, headache and muscle pain. Illness generally lasts 7-10 days, but there is relapse in one-fourth of cases.
- Prevention includes properly washing hands and kitchen surfaces to avoid cross contamination and cooking poultry until a meat thermometer registers 165°F in the thickest part.